

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21797

State File No.

FILED JUL 9 1952

BIRTH NO. ... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5813**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-26-52

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Town Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) Town Saint Louis	
c. LENGTH OF STAY (in this place) 5 Weeks		d. STREET ADDRESS (If rural, give location) 1822a N. 9th Street, 6,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) Henrietta		a. (First) M.	b. (Middle) Brumm	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 20th, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20th, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harry Knehans	13b. MOTHER'S MAIDEN NAME Mary Eckelman	14. NAME OF HUSBAND OR WIFE Edward Brumm
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward Brumm	ADDRESS 1822a N. 9th Street, 6,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pseudo-neurinous cyst adenocarcinoma of ovary & peritoneal metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION 4 wks ago	19b. MAJOR FINDINGS OF OPERATION Laparotomy & drainage + excision of tumor tissue.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X
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22. I hereby certify that I attended the deceased from **Aug., 1947**, to **6-20, 1952**, that I last saw the deceased alive on **6-20, 1952**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Hammond M.D.	(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 6/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/23/52	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JUN 23 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	ADDRESS 4828 Natural Bridge Blvd.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Ralph E. Lindner

Licensed Embalmer No. *4225*

P. O. Address *St. Louis, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.